Reflection

Stage One: What

I was assigned to a community Health Centre for my eight week professional practice placement in 2012. During the time I spent with the adult community occupational therapist I observed her performing a number of different tasks such as administering initial home visit assessments, assessing client's functional ability, prescribing equipment and designing major and minor home modifications to be installed by the health service (Baum & Law, 1998). Throughout professional practice placement students are required to increase their competency and skills by participating in the occupational therapy process (Tryssenaar & Perkins, 2001). My practice educator and I had discussed my developing skills and it was decided I would administer health service Occupational Therapy Home Visit Assessment for the first time without assistance on our next home visit.

This home assessment took place at the client's house on the 18th of September, 2012. The health service Occupational Therapy Home Visit Assessment provides the therapist with details about the client's values and interests and their own perception of their occupational performance. It is important to administer so that rapport and trust is developed with the client so that they are more open to therapy (Chui, Oliver, Marshall & Letts, 2001). After the interview is completed the physical environment is assessed by taking the client around their home and assessing their functional ability. This part of the assessment is essential to show the therapist how the client uses their environment and what the requirements of the environment are so that appropriate recommendations for necessary equipment or modifications can be made (Chui et al., 2001).

Before attending the home visit, the client's referral form was read by myself and my practice educator to prepare for how the client would present and so any suspected functional limitations could be prepared for. The referral form indicated the client had difficulty accessing his shower and transferring on and off the toilet due to osteoarthritis and previous falls in the past. He also had a sacral pressure area and no adequate pressure relieving equipment in place. His past medical history included macular degeneration, bilateral partial deafness and myocardial infarction and there was no formal carer identified.

On arrival at the client's house, he appeared confused and did not recall speaking with my practice educator on the phone in regards to making an appointment for the home visit. The client's dining room table was the selected location to complete the initial interview. I began the interview by asking the client for a brief medical history, as I had seen my practice educator do the same when she administered this assessment. Following this, questions about his self-care, leisure, productivity, general mobility and social and cultural environment were to be asked. However, the client was unable to move past his medical history, particularly focusing on the

numerous medications he was currently taking, the amount he was supposed to take and the reasons as to why they are taken. I attempted to interrupt and move on to self-care, asking about managing in the shower, however once again after giving a brief answer, he focused on his medication recalling the same information he had already told us. Further attempts to move on were made, however these were not successful. The client repeatedly paused for extended periods of time and lost track of what he was saying and was not wearing his hearing aids, making it difficult for him to understand what I was asking.

This experience left me feeling confused as the client's referral form had not indicated any cognitive impairment or memory problems, so I had not prepared for this. My confidence in my communication/interviewing skills decreased as I felt I was unable to handle the situation and obtain relevant information as well as use social cues to guide the conversation as I had observed my practice educator do during other home visits.

Throughout the assessment, the community nurse came to the client's house to dress his pressure wound. This had a negative impact as it appeared to confuse the client further and cause disorientation.

Once I had completed the assessment to what I deemed necessary, my practice educator took the client around the house to assess his functional ability within his home environment.

Stage Two: So What

Upon reflection of this experience, negative and positive aspects were able to be identified.

I felt I had not prepared efficiently for the interview as the client appeared to have cognitive impairment and some short term memory loss which I was unaware of. Effective communication skills when dealing with client's with memory issues were unfamiliar and I was unable to guide and direct the conversation throughout the interview away from the client's focus on his medication and was therefore unable to obtain all relevant information resulting in feelings of decreased confidence and inexperience. I felt I would appear rude if I interrupted the client's conversation and overall was unprepared for the situation and strategies to handle it. Positive aspects of the experience included my persistence as I continually attempted to redirect the conversation however unsuccessful. Although little information was obtained I was able to establish rapport with the client as he reported feeling safe and comfortable in our presence.

The existing knowledge I held was not adequate to support in dealing with the client in this situation. Seeking and reviewing knowledge to improve my experience can be based on the question "how can I deal with this situation in the future to improve my experiences and therapy outcomes?" (Bannigan & Moores, 2009).

On completion of the home assessment, the program CAPS was accessed. CAPS is a program used in health service area where clients can be researched and an extensive list of their past medical history obtained. CAPS identified that the client had been diagnosed with dementia resulting in a serious loss of cognitive ability.